

U.S. UTILITY Patent Application

O.I.P.E. <i>ME</i>	PAYMENT DATE
SCANNED <i>EDL</i> O.A. <i>Am</i>	

APPLICATION NO. 09/905683	CONT/PRIOR D	CLASS 623	SUBCLASS 17.11	ART UNIT 3732 3730	EXAMINER Snow
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APPLICANTS
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TITLE
 Cortical bone cervical Smith-Robinson fusion implant

PTO-2040
 12/89

ISSUING CLASSIFICATION											
ORIGINAL				CROSS REFERENCE(S)							
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
INTERNATIONAL CLASSIFICATION											

☐ Continued on Issue Slip inside File Jacket

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS		CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED	
			ISSUE FEE	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)		Amount Due	Date Paid
<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)		ISSUE BATCH NUMBER	
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